Desi Avallable Copy													
-\ \											n or Docket Number		
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 9/78/857													
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TC	TAL CLAIMS		3			Column 2)		TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8/	ISIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS) 8 minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			ج minus 3 =		Ø		ang.	X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					-135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	Flo	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
-	43/05	(Column 1)	وشد دردند بر	(Column 2) (Column 3)				SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	••	20	=		X\$ 9=		OR	X\$18=	1	
	Independent	. 3	Minus	***	_3			X40=	1	OR	X80=	/	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	1	
	111						45	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	/	
3205 (Column 1) (Column 2) (Column 3)								UII. PEE		•	AUUII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	4	NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA] [RAYE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	·· ス	O	=	П	X\$ 9=\		OR	X\$18=		
	Independent	· 2	Minus	/ /	201404	-	4 [X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=		
							AD	TOTAL DIT. FEE	V	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		(\$ 9=		OR	X\$18=	÷	
	Independent	•	Minus	***		=	11	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL		
	if the "Highest Nu if the "Highest Nu	AD	DIT. FEE		UN	ADDIT. FEE	L						